## CITY OF LANGLEY

## Automatic Debit Payment Plan

CUSTOMER DETAILS					
Name				Account	
Address					
Email				Phone	
BANK ACCOUNT INFORMATION					
Bank #		Branch #		Account #	
Bank Name/Address					
PRE-AUTHORIZED DEBIT DETAILS					
I authorize the City of Langley (City), and the financial institution designated to begin deductions as per my instructions for bi-monthly regular recurring payments for payment of all charges arising under my account. Payments for the full amount of services delivered will be debited to my specified bank account on the due date indicated on the bill. The City will provide ten (10) days written notice of the amount of each payment.  This authority is to remain in effect until the City has received written notice from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is					
scheduled. I may obtain more information on my right to cancel this agreement at my financial institution or					
by visiting www.cdnpay.ca					
These Services are for:	Check one:	☐ Personal	☐ Bus	iness	
Signature(s)				Date	
Please attach a VOID ci	heaue.				

## TERMS & CONDITIONS

- It is the Payor's responsibility to notify the City in writing of any changes to the banking information or termination of this agreement. Notice must be received at City Hall at least ten (10) business days before the next debit is scheduled.
- A service charge will be applied to your account for dishonored payments. After two consecutive dishonored payments your participation in this plan will be terminated.
- Current and outstanding charges must be paid in full prior to joining this payment plan.

Phone: 604 514 2800